

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91 293 031 \*\*\*150.00

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**DOCUMENT # P98000028068**

1. Entity Name

**BILLY BAGGETT ENTERPRISES INC.**

Principal Place of Business

**150 W ALACHUA LANE  
 COCOA BEACH FL 32931  
 US**

Mailing Address

**150 W ALACHUA LANE  
 COCOA BEACH FL 32931  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**147 W. ALACHUA LN.**  
 Suite, Apt. #, etc.

3. Mailing Address

**147 W. ALACHUA LN.**  
 Suite, Apt. #, etc.

City & State

**COCOA BEACH, FL.**  
 Zip **32931** Country **US**

City & State

**COCOA BEACH, FL.**  
 Zip **32931** Country **US**

4. FEI Number

**59-3505808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAGGETT, BILLY  
 300 COLUMBIA DRIVE #3504  
 CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**147 W. ALACHUA LN.**  
 City **COCOA BEACH** FL Zip Code **32931**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BAGGERS, WILLIAM</b>	
STREET ADDRESS	<b>300 COLUMBIA DR. # 3504</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BAGGETT, STEPHEN D</b>	
STREET ADDRESS	<b>120 A JACKSON AVE.</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>ST.</b>	<input type="checkbox"/> Delete
NAME	<b>BAGGETT, LETTYE C</b>	
STREET ADDRESS	<b>150 W ALACHUA LANE</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGGETT, WILLIAM</b>	
STREET ADDRESS	<b>147 W. ALACHUA LN.</b>	
CITY-ST-ZIP	<b>COCOA BEACH, FL. 32931</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGGETT, LETTYE C</b>	
STREET ADDRESS	<b>147 W. ALACHUA LN.</b>	
CITY-ST-ZIP	<b>COCOA BEACH, FL. 32931</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**WILLIAM C. BAGGETT** 4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)